

FEDC Form 5 (5/01)

# CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA

☒ EEOC

423-2009-01074

and EEOC

Name (Indicate Mr., Mrs., Mx.)

Ms. Magnolia Perez

State or Local Agency, if any

Date of Birth

Street Address

REDACTED

City, State and ZIP Code

Named Is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency that Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)

Name Koch Foods of Mississippi, LLC

No. Employees, Members

Phone No. with Area Code

Street Address 4688 Highway 80 Morton, MS 39117

City, State and ZIP Code

Name

No. Employees, Members

Phone No. with Area Code

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate boxes.)

☒ RACE

☐ COLOR

☒ SEX

☐ RELIGION

☒ NATIONAL ORIGIN

☒ RETALIATION

☐ AGE

☐ DISABILITY

☐ OTHER (Specify below)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

☐ CONTINUING ACTION

IF PARTICULARS ARE OF Substantial Importance, attach extra sheet(s):

I was formerly employed by Koch Foods in Morton, Mississippi in the de-boning area. While working on the line, Jesse, my supervisor would walk up behind me and grope my buttocks and thighs or run his thumb along the underside of my buttocks - he did this almost everyday.

On February 13, 2008, I was working alone at the weigh station. I was caught off guard and Jesse grabbed me and forced me against the weigh station. He began to kiss my lips, neck, and face. I struggled to get free, but Jesse grabbed me by my overcoat and ripped it open and forced his hands inside my blouse and groped my breasts. He began to rip at my pants, but I was able to fight free and ran away. I ran toward the stairs to go upstairs to the office and report this constant sexual abuse and harassment. Jesse pursued me into the stairwell and told me that because I am an undocumented worker that I have no rights under the laws of the United States.

Jesse deliberately and willfully misled me with regard to my rights as an employee under Title VII of the Civil Rights Act of 1964, as amended.

\*\* Charge continues on Page 2

If this charge filed with both the EEOC and the State or local Agency, if any, I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State or Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)

3-06-09

Date

*[Signature]*  
Complainant Signature

EXHIBIT

2

Please incorporate all attached documents in Part A of this Charge.

EEOC Form 6 (5/8/11)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

and EEOC

State or Local Agency, if any

Name (Indicate Mr., Mrs.)

Idalia Domingo-Maldonado

Date of Birth

Street Address

REDACTED

City, State and ZIP Code

Morton, MS 39117

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)

Name

Koch Foods of Mississippi, LLC.

No. Employees, Members

Phone No. with Area Code

Street Address

Highway 80, Morton, MS 39117

City, State and ZIP Code

Name

No. Employees, Members

Phone No. with Area Code

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es))

☒ RACE☐ COLOR☒ SEX☐ RELIGION☒ NATIONAL ORIGIN☒ RETALIATION☐ AGE☐ DISABILITY☐ OTHER (Specify below)☐ CONTINUING ACTION

DATE OF DISCRIMINATION (Month, Year)

Earliest

Latest

THE PARTICULARS ARE (If additional paper is needed, attach extra sheets.)

I was hired by my former employer on June 6, 2005. I was already working when Jesse Ickon was hired as my supervisor. For a few months, Jesse did not bother me. But, about 6 months later he began to constantly touch my butt and breasts and ask me to have sex with him. One time, Jesse asked Frank, another supervisor, to ask me if I wanted to have sex with Jesse. I told Frank no! Jesse was constantly touching me inappropriately.

Once, when I was taking my coat to the coat room, Jesse passed in front of me and touched my vagina by putting his hand between my legs. On other occasions, Jesse offered me money to have sex with him. The worst incident was once when Jesse forced himself on me in a small corridor leading to the bathroom and forced his hands inside my blouse - groping my breasts and nipples with both hands. This occurred in late September 2008.

Jesse did not treat white, American, male employees in this manner. I have been discriminated against because of my sex, female, my race, Hispanic and my national origin, Guatemalan. I have been retaliated against for refusing Jesse's sexual advances.

I want this charge filed with both the EEOC and the State or Local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - (When necessary for State or Local Agency Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

03-06-09

Date

Charging Party Signature

EEOC Form 3 (8/01)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

423-2009-01090

and EEOC

Name (Indicate Mr., Mr., Mrs.)

State or Local Agency, if any

Ms. Roxanne Aguilar

Date of Birth

Street Address

City, State and ZIP Code

REDACTED

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency that I believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)

Name

Koch Foods of Mississippi, LLC

No. Employees, Members

500+

Phone No. with Area Code

Street Address

City, State and ZIP Code

4688 Highway 80 Morton, MS 39117

Name

No. Employees, Members

Phone No. with Area Code

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate boxes)

☒ RACE☐ COLOR☒ SEX☐ RELIGION☒ NATIONAL ORIGIN

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

☒ RETALIATION☐ AGE☐ DISABILITY☐ OTHER (Specify below)☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheets.)

I was hired by my former employer around July of 2007.

As soon as I started to work, my supervisor, Jesse Ickom, began to harass and intimidate me. He would refuse to allow me to take restroom breaks, but he would allow white & black American employees to take a break to go to the restroom whenever they requested. Jesse began to come up behind me and grope my breasts, buttocks, hips, and rub my pelvic area while I was working. I yelled at him to keep his hands off me, and I told him that I was not playing with him and he better not touch me again. Jesse told me he could do anything he wants to me because I am an undocumented worker and have no legal rights.

In July of 2008, Jesse began to call me his whore. I threatened to tell his wife if he did not stop calling me his whore. He told me that he is married to a woman who is not jealous of him having relationships with other women. He said that his wife understands that he cannot contain himself.

When a new line supervisor came on, Frank, I reported Jesse's actions to him. He did not do anything to address Jesse's behavior. Jesse began to retaliate against me after I told Frank. \*\*\* CHARGE CONTINUES ON PAGE TWO (2)

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State or Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT


SUBSCRIBED AND SWORN TO before me this DATE  
(month, day, year)

13-06-09 Roxanne Aguilar  
Date Charging Party Signature

EEOC Form 5 (5/01)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): <b>423-2009-01093</b> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
Name (Indicate Mr., Mrs., etc.): <b>Mardoqueo Ariel Lopez</b>		State or Local Agency, if any: _____ and EEOC	
Street Address: <b>REDACTED</b>		City, State and ZIP Code: <b>Morton, MS 39117</b>	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)			
Name: <b>Koch Foods of Mississippi, LLC</b>		No. Employees, Members: <b>500+</b>	Phone No. with Area Code: _____
Street Address: <b>Highway 80, Morton, MS 39117</b>		City, State and ZIP Code: _____	
Name: _____		No. Employees, Members: _____	Phone No. with Area Code: _____
Street Address: _____		City, State and ZIP Code: _____	
DISCRIMINATION BASED ON (Check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below) _____			DATE(S) DISCRIMINATION TOOK PLACE From: _____ To: _____ <input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)) <p>I have attached, with the assistance of a translator, Maria Cazorla, a statement of the sex, race, and national origin discrimination I have suffered while employed by my current employer, Koch Foods. I have also been repeatedly discriminated against each time I have refused to comply with this discriminatory treatment or have acted to defend my wife.</p> <p>I have been forced to work in a sexually hostile work environment as my supervisor, Jesse Ickom, has sexually harassed and assaulted many of my female co-workers. Jesse has also sexually assaulted and harassed my wife, Ivone Castillo, on many occasions. Jesse extorted money from my wife and I. And, when we complained, he would retaliate against me by physically assaulting me. He also attacked my brother-in-law in the parking lot of Koch Foods, with a knife, while I was present.</p> <p>I have suffered severe emotional distress as I have been forced to endure Jesse's repeated sexual harassment of my wife. Jesse even threatened my daughter and told my wife and I that we have no rights and that he would have us deported if we reported him.</p> <p>Jesse only treats my wife and I in this way because of our race, Hispanic, and our national origin, Guatemalan.</p>			
I want this charge filed with both the EEOC and the State or Local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State or Local Agency requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT: _____ SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE _____ (month, day, year)	
I declare under penalty of perjury that the above is true and correct.		Date: <b>03/16/09</b> <i>Judith Lopez</i> Charging Party Signature	

EEOC Form 5 (5/01)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): <b>423-2009-01101</b> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
and EEOC			
Name (Indicate Mr., Mrs., etc.) <b>Mr. Augustin Barragan Davalos</b>		Date of Birth _____	
Street Address <b>REDACTED</b>		City, State and ZIP Code <b>MOBILE, AL 36688</b>	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)			
Name <b>Koch Foods of Mississippi, LLC</b>		No. Employees, Members <b>500+</b>	Phone No. with Area Code _____
Street Address <b>4688 Highway 80 Morton, MS 39117</b>		City, State and ZIP Code _____	
Name _____		No. Employees, Members _____	Phone No. with Area Code _____
Street Address _____		City, State and ZIP Code _____	
DISCRIMINATION BASED ON (check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below) _____			DATE OF DISCRIMINATION TO OR PLACE From _____ To _____ <input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)) <p>I was hired by Koch Foods on January 10, 2008. Immediately after I began working, my supervisor, Jesse Ickom, began to harass and intimidate me. He would allow white and black American workers to take restroom breaks as they requested. However, along with many other Mexican, Hispanic workers, I was repeatedly denied restroom breaks. When I confronted Jesse about his discriminatory allocation of restroom breaks, he punched me in the stomach in my lower, right abdomen.</p> <p>In early March of 2008, I requested a transfer to be moved to the de-boning area. Jesse said that I would have to pay \$400 for the transfer. I paid him the \$400, and as of May 9 he still had not moved me to the de-boning area as promised. I confronted him about this, and he told me that the amount I would have to pay for the promotion had gone up to \$600. When I objected to the increase, Jesse physically assaulted me.</p> <p>Jesse Ickom did not charge money before promoting or transferring white or black, American employees. While I do know that Jesse sexually assaulted some Mexican, Hispanic female employees, he did not physically punch, hit, or kick women. The only reason Jesse punched, hit and kicked me is that I am a male. Jesse discriminated against me on the basis of my race and national origin by charging me money for promotions. In retaliation for my complaints of his discrimination, and in an effort to take advantage of my status as an undocumented worker, I was physically abused.</p> <p>My rights under Title VII of the Civil Rights Act of 1964, as amended have been violated.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State or Local Agency filing purposes	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT _____	
Date <b>03/06/09</b> Charging Party Signature 		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	



EEOC Form 5 (5/01)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): <b>423-2009-01091</b> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
and EEOC			
State or Local Agency, if any			
Name (Indicate Mr., Mrs., Miss) <b>Mrs. Ivone Castillo</b>		Date of Birth	
Street Address <b>REDACTED</b>		City, State and ZIP Code <b>Morton, MS 39117</b>	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)			
Name <b>Koch Foods of Mississippi, LLC</b>		No. Employees, Members	Phone No. with Area Code
Street Address <b>4688 Highway 80 Morton, MS 39117</b>		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. with Area Code
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate boxes) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below)			DATE(S) DISCRIMINATION TOOK PLACE Earliest _____ Latest _____  <input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheets) <p>I have been employed by Koch Foods of Mississippi, LLC since May 2008.</p> <p>Three months after I began work, I requested a transfer from Jesse, my supervisor. On August 16, 2008, Jesse told me that a transfer would cost \$600.00 and must be paid up-front. I told Jesse that I did not have the money, but I would talk to my husband and try to get it.</p> <p>Soon after, Jesse began coming up behind me on the line and rubbing my buttocks, thighs, and pelvic area. I demanded that he stop, but he didn't. I continued to work because I was afraid of losing my job. He sexually harassed and assaulted me almost weekly.</p> <p>Within a few days, Jesse was hiding in a hallway and jumped out when I passed by. He grabbed me and pulled me into an isolated area. He told me that I knew what I owed him and that he would get it one way or another. He told me that I had made a contract with him and that in America I had to pay what I promised under the contract. I told him that did not mean sex, but he said he could do whatever he wanted because I am an undocumented worker. *** CHARGE CONTINUES ON PAGE 2</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State or Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
I declare under penalty of perjury that the above is true and correct.			
3-6-09 Date		Ivone M. Castillo Charging Party Signature	

EEOC Form 5 (5/01)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <b>423-2009-01095</b>	
State or local Agency, if any _____		and EEOC	
Name (Indicate Mr., Mrs., etc.) <b>Mr. Jose Dolores Rivera</b>		Date of Birth _____	
Street Address <b>REDACTED</b>		City, State and ZIP Code <b>Morton, MS 39117</b>	
Named Is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency that has Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)			
Name <b>Koch Foods of Mississippi, LLC</b>		No. Employees, Members <b>500+</b>	Phone No. with Area Code _____
Street Address <b>Highway 80, Morton, MS 39117</b>		City, State and ZIP Code _____	
Name _____		No. Employees, Members _____	Phone No. with Area Code _____
Street Address _____		City, State and ZIP Code _____	
DISCRIMINATION BASED ON (Check appropriate boxes)			DATE(S) DISCRIMINATION TOOK PLACE _____
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below)			<input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheets)			
<p>I have attached hereto, with the assistance of a translator, Reverend Wallace Cason, III, a statement of the discrimination I have suffered while working for my current employer, Koch Foods.</p> <p>I have been discriminated against and suffered mistreatment because of my race, Hispanic and my national origin, Mexican. My supervisor, Jesse Ickom did not treat white, American employees in the manner he treated me and my Hispanic co-workers. I have been retaliated against with physical abuse and threats each time I have complained about my treatment.</p> <p>I have been forced to endure a sexually hostile work environment as I have witnessed Jesse's repeated molestation of my female co-workers.</p> <p>Please incorporate my entire attached statement into this Charge.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State or Local Agency Requirement)	
I swear or affirm (I/WE) have read the above charge and that it is true to the best of my knowledge, information and belief.		SIGNATURE OF COMPLAINANT	
I declare under penalty of perjury that the above is true and correct.		SUBSCRIBED AND SWORN TO before me this DATE	
Date <b>03-06-09</b>		Charging Party Signature <b>JUDAR</b>	

EEOC Form 5 (5/01)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA  
☒ EEOC

423-2009-01092

and EEOC

State or local Agency, if any

Name (Indicate Mr., Mr., Mrs.)

Ms. Aracely Calderon Cortez

Date of Birth

Street Address

REDACTED

City, State and ZIP Code

Morton, MS 39117

Named Is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency that Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)

Name

Koch Foods of Mississippi, LLC

No. Employees, Members

Phone No. with Area Code

Street Address

City, State and ZIP Code

4688 Highway 80, Morton, MS 39117

Name

No. Employees, Members

Phone No. with Area Code

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es))

☒ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☒ NATIONAL ORIGIN  
☒ RETALIATION ☒ AGE ☐ DISABILITY ☐ OTHER (Specify below)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest Latest

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheets.)

I was hired by my employer, Koch Foods of Mississippi, LLC, on June 20, 2007 to work in the de-boning area of the plant. During my first week on the job, Jesse, my supervisor, began to walk up behind me and grope my thighs and buttocks and run his thumb along the underside of my buttocks. During the second week of my employment, he walked up behind me, put his arms around my waist, and groped and rubbed my lower pelvic area as well.

Very soon after, Jesse began coming and forcibly removing me from my position on the line. He would drag me into the office while other men would chant and cheer and Jesse would make sexual gestures. In this small isolated office, Jesse would sexually assault me, to varying degrees, on different occasions. Specifically, in December, of 2007, Jesse held me down in the office and penetrated me with his fingers. He caused significant injury, and I sought medical treatment as a result. I reported this incident to the office, and was told to get out and go back to my job. Jesse was never disciplined.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State or Local Agency Requirements

declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)6/03/09 Aracely Cortez  
Date Charging Party Signature

\*\*\* CHARGE CONTINUES ON PAGE TWO (2)



EEOC Form 5 (5/01)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

423-2009-01099

and EEOC

State or Local Agency, if any

Name (Indicate Mr., Mr., Mrs.)

Ms. Ana Martin-Perez

Date of Filing

Street Address

REDACTED

City, State and ZIP Code

MS 39117

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)

Name

Koch Foods, LLC

No. Employees, Members

500 +

Phone No. with Area Code

601-732-8911

Street Address

Hwy 80, Morton, MS 39117

City, State and ZIP Code

Name

No. Employees, Members

Phone No. with Area Code

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate boxes)

☒ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☒ NATIONAL ORIGIN☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ OTHER (Specify below)

DATE OF DISCRIMINATION (FROM-TO)

Earliest

Latest

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach same separately)

I was hired by my employer in November 2007. About four months after I started to work, my supervisor, Jesse Ickom, began to sexually harass me. He touched me on my butt and breasts every day as he walked behind me on the line.

Every time I left the line to go to the bathroom, Jesse would follow me and try to kiss me and hug me and touch my breasts and butt. At another time, in March or April of 2008, Jesse came up to me at the quality controllers table and stuck his hand between my legs. I ran away and he followed me asking me to make love with him. Jesse said he would pay me \$300 if I would have sex with him.

After I refused, Jesse moved me to an area where I had to lift heavy boxes. I asked to be moved, and Jesse took me into the office and told me he desired to make love with me. I refused again. Jesse called Ricardo Mesa in and reported that I was not working properly. I told Frank about Jesse sexually harassing and assaulting me.

After my back started to have serious pain, I asked to be off to go to the doctor and Jesse made me pay \$200.00. White, American employees do not have to pay to go to the doctor. Jesse did not sexually harass and assault the white, American female employees either.

I have been discriminated against on the basis of my national origin, Guatemalan, my race, Hispanic, my sex, and retaliated against for reporting Jesse to Frank and also to Ricardo Mesa.

I want this charge filed with both the EEOC and the State or Local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State or Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

05-06-09 Ana Martin Perez  
Date Charging Party Signature

EEOC Form 5 (5/01)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): _____ <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
Name (Indicate Mr., Mr., Mrs., etc.) <b>Mr. Erwin Veany Castillo</b>		State or Local Agency, if any and EEOC <b>EEOC/JAO</b>	
Street Address <b>REDACTED</b>		City, State and ZIP Code <b>Mississippi 39117</b>	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)			
Name <b>Koch Foods of Mississippi, LLC</b>		No. Employees, Members Phone No. with Area Code	
Street Address <b>Hwy 80 Morton, MS 39117</b>		City, State and ZIP Code	
Name		No. Employees, Members Phone No. with Area Code	
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate boxes.) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below)			DATE(S) DISCRIMINATION TOOK PLACE Earliest _____ Latest _____ <input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheets.) <p>I was hired by my employer on April 18, 2006 to work in the de-boning area.</p> <p>In October of 2006, I requested from my supervisor, Jesse Ickom, that I be allowed to transfer from the packaging area, where I was paid by the hour, to the production area of de-boning, where I would be paid by production because I knew I could make a lot more money. Jesse Ickom told me that the only way I could get the transfer would be to pay \$300 to him. I paid him the money.</p> <p>After I paid Jesse that money, he started charging me money to go to the bathroom (\$5), to go to the doctor (\$20 or \$30), or other things. I told him that I was going to report him to the office for charging me the money and Jesse began to hit me and physically abuse me.</p> <p>Jesse continued to hit me and charge me money until he left Koch Foods. Jesse did not treat white, American, or female employees in this manner. I have suffered discriminatory treatment as a result of my race, Hispanic, national origin, Guatemalan, and in retaliation for protesting my discriminatory treatment.</p> <p>My rights have been violated. I have only now become aware that I had any rights or that I could bring a Charge of Discrimination. I am bringing this charge immediately upon discovering that I had the right to do so. Please incorporate all attachments as part of my charge.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any, I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State or Local Agency Requirements)	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Date <b>03-27-09</b>		Charging Party Signature <b>Erwin Castillo</b>	
		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

Translator:

EEOC Form 5 (5/01)

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented to: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> FEPA  <input checked="" type="checkbox"/> EEOC         </div> <div style="font-size: 1.5em; font-family: cursive;">423-2010-01043</div> </div>	
_____ and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr. Ms. Mrs.) <b>Jose Luis Cordero Toledo</b>		Home Phone (Incl. Area Code) <b>c/o SMLS 615-750-1200</b>	
Date of Birth <b>REDACTED</b>			
Street Address <b>c/o Southern Migrant Legal Services (SMLS) 311 Plus Park Blvd. Ste 135 Nashville TN 37217</b>			
City, State and ZIP Code			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>Koch Foods of Mississippi LLC</b>		No. Employees, Members <b>500+</b>	
Phone No. (Include Area Code)			
Street Address City, State and ZIP Code			
Name		No. Employees, Members	
Phone No. (Include Area Code)			
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest                      Latest  <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)): <p>I was employed by the Koch Foods plant in Morton, Mississippi from 2001, when it was a B.C. Rogers plant, until March 2010. I worked in the de-bone area. I was subjected to discrimination and abuse at Koch Foods because I was a Latino employee of Mexican national origin.</p> <p>For example, my former supervisor Jessie demanded money from me and other Latino workers when we asked for permission to take a break or go to the doctor. He hit me and other Latino immigrant workers. I do not believe that he hit or demanded money from white or African-American workers. An employee who checked meat in the de-bone area recently demanded money from me in exchange for approving the meat I cut. When I refused to pay her, she complained about me to a supervisor, who disciplined me. Koch Foods supervisors and employees do not hit or demand money from African-American or white employees.</p> <p>My wife Maria Cazoria used to work at Koch Foods and opposed the company's discrimination and abuses against her and other Latino workers. I have supported her and other workers in their complaints about discrimination by Koch Foods.</p> <p>On March 1, 2010, my wife filed a race discrimination complaint in court against Koch Foods. On March 17, 2010, a Koch Foods human resources manager told me that she believed there was a problem with my papers and gave me one day to bring in identification documents or a social security card. On March 19, 2010, Koch Foods human resources staff took away my employee identification badge. I believe that my firing by Koch Foods was discriminatory and retaliatory.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.  <div style="display: flex; justify-content: space-between;"> <div> <u>4/4/10</u>            Date         </div> <div> <u>Jose Luis Cordero Toledo</u>            Charging Party Signature         </div> </div>		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	